



COLORADO

Department of Public
Health & Environment

HEALTH ALERT NETWORK BROADCAST

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FROM: CO-CDPHE

SUBJECT: HAN Update - COVID-19 Update

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians / Coroners

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to healthcare providers. This information is for the public health and health care community. Do not post this document on a public web or social media site

HEALTH UPDATE | COVID-19 UPDATE | March 26, 2020

Health care providers: Please distribute widely in your office

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Key points

- As the volume of COVID-19 cases reported in Colorado increases, many patients may only be notified of their diagnosis by their provider. Current instructions on isolation for patients and quarantine for contacts are provided below. CDPHE is asking providers to give these instructions to patients when notifying them of a COVID-19 diagnosis (see below for details).
- To report a suspected or confirmed outbreak of COVID-19 in a long-term care facility (LTCF), please complete the “Outbreak Reporting Form for Long-Term Care Facilities” and securely email this to CDPHE_HAIOutbreak@state.co.us, or contact your local public health agency. The outbreak reporting form is available at:
<https://cha.com/wp-content/uploads/2020/03/COVID-19-Outbreak-Reporting-Form-for-Long-Term-Care-Facilities.pdf>
Additional resources for LTCFs can be found at:
<https://covid19.colorado.gov/covid-19-resources-health-care-providers-and-local-public-health-agencies>
- CDC has new guidance including on therapeutic options (which includes information on hydroxychloroquine and chloroquine in addition to remdesivir), optimizing PPE, and special settings such as correctional facilities and long term care facilities; see below for links.
- CDPHE is no longer providing drive-through testing in the Denver metropolitan area. Please do not refer patients to CDPHE’s call center for information on getting tested for COVID-19, as we are unable to arrange testing or identify testing locations.
- University of Nebraska Medical Center has published their protocol for disinfection of N95 masks using Ultraviolet Germicidal Irradiation (UVGI); more information below.
- The U.S. Department of Health and Human Services (HHS) has announced new priorities for COVID-19 testing; prioritization for testing in Colorado adapted from this guidance is described below. Consider collecting samples to test all individuals who meet Tier 1 and Tier 2 prioritization criteria. If sending specimens to a commercial laboratory is not feasible, contact local public

health (<https://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency>) about having specimens tested at the state public health lab.

- Samples submitted to the Colorado state public health lab without required information and labeling will not be processed, which may delay results. Information and labeling requirements are described below.
- Infection preventionists or others entering COVID-19 cases into CEDRS should check for duplicates before entering a case, as a laboratory may already have reported the patient.
- Given the level of community transmission, health care workers caring for immunosuppressed or other high risk patients (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>) should wear facemasks (surgical masks) during all patient care when feasible.

Background information

As of March 25, 2020 CDPHE has reported 1,086 cases of COVID-19 and 19 deaths. CDC confirmation is no longer required to confirm a positive result. This count includes both lab confirmed and probable cases (patients with compatible symptoms and close contact with a confirmed case). Case counts are updated daily and can be found at covid19.colorado.gov under “Cases in Colorado: Data visualization.”

Recommendations / guidance

New CDC guidance

CDC continues to add and update guidance documents; a full list of new and updated guidance is available at: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>. A few new documents to highlight include the following:

- Information for Clinicians on Therapeutic Options for COVID-19 Patients: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/therapeutic-options.html>
- Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/guidance-retirement-response.html>
- Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>
- Strategies for Optimizing the Supply of PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- CDC has launched an online “self-checker” for the public to use to help determine if they require medical care for COVID-19; it can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/index.html>

Instructions for patients diagnosed with COVID-19 and their close contacts

Due to the rising number of confirmed COVID-19 cases in Colorado, CDPHE is asking that clinicians provide the current guidance on isolation to patients at the time of their diagnosis with COVID-19, **including those with likely COVID-19 who will not be tested**, to ensure that timely recommendations are provided to reduce spread of disease.

Isolation recommendations:

- Under the non-test-based release from isolation strategy, patients with COVID-19 (either laboratory-confirmed or suspected based on history) should self-isolate until: at least 7 days after symptom onset AND fever has resolved for 72 hours without antipyretics AND symptoms are improving.

Quarantine recommendations for asymptomatic close contacts:

- Close contacts of patients with confirmed or likely COVID-19 should be instructed to self-quarantine for 14 days from the time of their last contact with the patient.
- CDC has recently updated their risk categories for non-healthcare exposure (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>); a high risk contact is defined as someone who is living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection without using recommended precautions for home care and home isolation.
- Close contacts who are HCWs should be instructed to notify occupational health immediately for additional instructions.

Patients who are healthcare workers (including first responders and staff in long term care or other residential facilities)

- Patients diagnosed with COVID-19 (either laboratory confirmed or suspected) who are healthcare workers should contact their supervisor and occupational health to report their diagnosis.
- Public health guidance for health care worker return to work guidance was summarized in the CDC HAN dated March 17, 2020 and is available at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>.
- CDPHE recommends 10 day isolation for healthcare workers diagnosed with COVID-19 when possible due to limited data about shedding of viable virus beyond 7 days; however, we fully recognize the staffing challenges facing many facilities and understand that this may not be possible in many settings.
- Healthcare workers should work with occupational health to determine an appropriate return to work strategy.

Information on isolation and quarantine can be found at the following locations

- Discontinuation of home isolation: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
- Guidance on isolating at home: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
- Guidance on home care for COVID-19 patients: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>
- Definitions of isolation and quarantine: <https://covid19.colorado.gov/isolation-and-quarantine>

Ultraviolet Germicidal Irradiation (UVGI) for N95 masks

The University of Nebraska Medical Center recently published their decontamination protocol for N95 masks:

<https://www.nebraskamed.com/sites/default/files/documents/covid-19/n-95-decon-process.pdf>

The University of Nebraska cites several studies indicating efficacy of UVGI against viruses - including single-stranded RNA viruses such as coronaviruses - and notes preservation of filtration capacity after UVGI. Please note that the specific protocol used at University of Nebraska **has not been peer-reviewed**, and CDPHE cannot officially recommend this method at this time. Consider frequent quality control checks during implementation of UVGI, should your organization choose this option. CDC still recommends following Strategies for Optimizing the Supply of PPE at this time: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.

Instructions for submitting COVID-19 specimens to the State Lab

It is critical that all COVID-19 samples sent to the State Lab for testing have all required provider/facility, patient, and sample information completed in LabOnline (<https://labonline.cdphe.state.co.us/Account/SignIn>) or the *COVID-19 (Non-surveillance) Test Request* form (<https://drive.google.com/file/d/1qJuQFzrmdN4-vgfH270FeyrczN753aBr/view>). The LabOnline chain of custody or test request form must be submitted along with the patient sample. **Samples that are submitted without the required information will not be processed until this information is received, which means results will not be able to be delivered in a timely manner.** Additionally, all samples submitted must have a label affixed to the sample that contains the following information: patient name, date of birth, and sex.

Testing prioritization

CDPHE recommends prioritization based on the following criteria adapted from the U.S. Department of Health and Human Services testing priorities. Providers should consider collecting samples to test all individuals who meet Tier 1 and Tier 2 prioritization criteria below. If sending specimens to a commercial laboratory is not feasible, contact local public health (<https://www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency>) about having specimens tested at the state public health lab.

The Colorado State Public Health Lab will continue to prioritize analysis of COVID-19 samples based on public health prioritization criteria. Public health prioritization criteria are: symptomatic healthcare workers, people hospitalized with severe illness, people with symptoms who live in residential facilities such as nursing homes or correctional settings, anyone with symptoms at risk of severe illness due to COVID-19, and outbreaks or clusters of respiratory illness being investigated by public health.

The State Lab uses the patient information submitted with the sample to prioritize tests, as appropriate. If a specimen is marked as being for a patient who meets the criteria, these samples are added to the next “batch” of testing. Samples that do not meet public health criteria may be sent to a reference lab (e.g., LabCorp) for processing, which may delay results.

TIER 1
<ul style="list-style-type: none">• Hospitalized patients• Health care workers with symptoms
TIER 2
<ul style="list-style-type: none">• Patients in long-term care facilities or other residential settings such as homeless shelters or correctional facilities with symptoms• Patients over age 65 with symptoms• Patients with underlying conditions with symptoms*• First responders with symptoms• Critical infrastructure workers with symptoms**• People with symptoms who work with vulnerable populations or in group residential settings
TIER 3
<ul style="list-style-type: none">• Other individuals with symptoms

*A list of people who are at higher risk of severe disease can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>; however, this list may not be complete.

**Critical infrastructure workers are those working in these sectors (<https://www.cisa.gov/critical-infrastructure-sectors>) who have a unique role in their work that cannot easily be transferred to other workers.

Updated release from isolation information

	TEST-BASED STRATEGY	NON-TEST-BASED STRATEGY
Most members of general public with confirmed or suspected COVID-19 (non-HCW*, not hospitalized)	Not recommended	-At least 3 days (72 hours) after recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND -At least 7 days have passed since symptoms first appeared
HCWs with confirmed or suspected COVID-19*	-Resolution of fever without the use of fever-reducing medications and -Improvement in respiratory symptoms (e.g., cough, shortness of breath), and -Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)	-At least 3 days (72 hours) after recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND -At least 10** days have passed since symptoms first appeared
Hospitalized patients with confirmed COVID-19***	-Resolution of fever, without use of antipyretic medication -Improvement in illness signs and symptoms; AND -Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal specimens collected ≥ 24 hours apart	-At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND -At least 7 days have passed since symptoms first appeared (at least 10 days if the patient resides in, or is being transferred to, a long-term care setting)

*Healthcare worker or other professional that works with high-risk patients or in a group residential facility. Of note, health care workers also need to follow additional guidance including wearing a mask until at least 14 days after symptom onset and not seeing severely immunocompromised patients until 14 days after illness onset; additional details can be found in the HAN dated March 17, 2020 or at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

7 days could be considered in settings with a healthcare worker shortage; preliminary data suggest **most shedding of live virus ends around 7 days.

***Test based strategy is preferred when available for all hospitalized patients, as they may have longer periods of viral shedding than patients with mild or moderate disease. In particular, patients who are severely immunocompromised (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV) may also be contagious for longer than others according to CDC. CDC also recommends a test-based strategy when possible for patients who will be transferred to a long-term care or assisted living facility. If testing is not readily available, facilities may use the non-test-based strategy for discontinuation of transmission-based precautions. Facilities may choose to extend the period of isolation beyond the non-test-based-strategy duration, on a case by case basis in consultation with local and state public health authorities, for those who are severely immunocompromised or being transferred to a long-term care facility.

More information

- CDPHE COVID-19 web page: covid19.colorado.gov
- CDC COVID-19 web page: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- For questions about COVID-19 in Colorado, call the **CDPHE Disease Reporting Line**: 303-692-2700 or 303-370-9395 (after hours)
- Health care provider FAQs from CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>
- CDC Clinician Outreach and Communication Activity (COCA) Calls: <https://emergency.cdc.gov/coca/calls/index.asp>